

No. W 32781		Due no later than Aug 31, 2006		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. NUTRIENT MANAGEMENT SOLUTIONS, LLC ROBERT M OHLENSEHLEN 1247 FILER AVE E TWIN FALLS ID 83301		ROBERT M OHLENSEHLEN 603 WOODLAND DR TWIN FALLS ID 83301	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	ROBERT M OHLENSEHLEN	603 WOODLAND DR	TWIN FALLS	ID	83301
MEMBER	REAGON HATCH	4183 N 1566 E	BUHL	ID	83316
5. Organized Under the Laws of: IDAHO W 32781		6. Annual Report must be signed.* Signature: BOB OHLENSEHLEN Name (type or print): BOB OHLENSEHLEN Date: 06/13/2006 Title: MEMBER			
Processed 06/13/2006		* Electronically provided signatures are accepted as original signatures.			